

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049143

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

FILED JAN 10 1963

Primary Registration District No. 544

Registrar's No. 3779

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only): OR TOWN <b>Kirkwood</b>		c. CITY OR TOWN <b>Kirkwood</b>	
Length of stay in 1b <b>3 weeks</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>399 George St.</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>CAROLINE</b> Middle <b>THIBAUT</b> Last <b>THIBAUT</b>		4. DATE OF DEATH Month <b>Dec.</b> Day <b>22</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-15-1902</b>
9. AGE (last birthday) <b>60</b>		IF UNDER 1 YEAR Months <b>60</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Buss Girl</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shop</b>	
11. BIRTHPLACE (City and state or country) <b>Leopole, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Frank Schmitt</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Frenkle</b>	
14. NAME OF HUSBAND OR WIFE <b>Eugene Thibault</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Valley Park, Mo.</b> <b>Louise Hess-228 Lookout</b>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Arteriosclerotic Heart Disease</b> DUE TO (b) <b>1 yr</b> DUE TO (c) <b>3 weeks</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diphtheria Mellitus</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>5:15</b> Month, Day, Year <b>11/5/62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Kirkwood 22, Mo.</b>	
21. I attended the deceased from <b>11/5/62</b> to <b>12/22/62</b> and last saw her alive on <b>12/22/62</b>		Death occurred at <b>5:15</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE <b>Charles R. Bernside M.D.</b>		22b. ADDRESS <b>206 W. Argonne Ave. St. Louis</b>	
22c. DATE SIGNED <b>12/24/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-26-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cem.</b>	
23d. LOCATION (City, town, or county) <b>Kirkwood 22, Mo.</b>			
24. FUNERAL DIRECTOR <b>Pfztinger Mort-Kirkwood 22, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-25-62</b>	
26. REGISTRAR'S SIGNATURE <b>J. B. Murphy M.D.</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.